

Combined Declaration For Patent Application and Power of Attorney (Continued)
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS		STATUS (Check one)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED

PCT APPLICATIONS DESIGNATING THE U.S.		
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Anthony C. Scott, Reg. No. 25,439; Stephen D. Murphy, Reg. No. 22,002; Leopold Presser, Reg. No. 19,827; William C. Roch, Reg. No. 24,972; Kenneth L. King, Reg. No. 24,223; Frank S. DiGiglio, Reg. No. 31,346; Paul J. Esatto, Jr., Reg. No. 30,749; John S. Sensny, Reg. No. 28,757 and Mark J. Cohen, Reg. No. 32,211.

Send Correspondence to:

Scully, Scott, Murphy & Presser
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Garden City, NY 11530

Direct Telephone Calls to:
(name and telephone number)

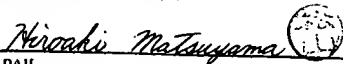
Leopold Presser
(516) 742-4343

201	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
202	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201

SIGNATURE OF INVENTOR 202

Combined Declaration For Patent Application and Power of Attorney (Continued) <small>(Includes Reference to PCT International Applications)</small>		ATTORNEY'S TICKET NUMBER	
<p>I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>			
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201	FULL NAME OF INVENTOR	FAMILY NAME MATSUYAMA	FIRST GIVEN NAME HIROAKI
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		STATE & ZIP CODE/COUNTRY Japan	
202	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY
	POST OFFICE ADDRESS	CITY	
		STATE & ZIP CODE/COUNTRY	
203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY
	POST OFFICE ADDRESS	CITY	
		STATE & ZIP CODE/COUNTRY	
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SIGNATURE OF INVENTOR 201 		SIGNATURE OF INVENTOR 202	
DATE 16 August, 1999		DATE	

[] Signature for fourth and subsequent joint inventors.
 Number of pages added _____.